

**MANDATORY HOUSEHOLD INCOME STATEMENT**

**OFFICE OF HOME ENERGY PROGRAMS**  
**SOURCES OF INCOME (MONEY) RECEIVED IN THE LAST 30 DAYS**

<b>TYPE OF INCOME FOR ENTIRE HOUSEHOLD</b>	<b>YES</b>	<b>NO</b>
Wages, tips and commissions received for employment or services rendered		
Self-employment income and rental income, less expenses (excluding depreciation expenses) necessary to produce income		
Social Security income less Medicare payment deduction		
Supplemental Security Income (SSI) less Medicare payment deduction		
Dividends		
Interest received from savings or checking accounts		
Interest or dividends received from the redemption of bonds		
Estate or trust fund income		
Royalties		
Temporary Cash Assistance (TCA)		
Transitional Emergency, Medical and Housing Assistance (TEMHA)		
Pensions		
Disbursements from annuities, individual retirement accounts (IRS's) or other retirement accounts		
Child Support		
Alimony or Spousal support		
Workmen's compensation benefits		
Unemployment Insurance benefits		
Veteran's pension benefits		
Mine Worker's benefits		
Armed Forces dependent allowance		
Criminal Injuries Compensation Board payments		
Monetary gifts and loans excluding the portion of a student loan used to cover tuition and required fees		
Stipends for education or research fellowships for living expenses excluding that portion that covers tuition and required fees		
Employee strike funds where there is no employee contribution		
Payments received by home care providers for the care of adults who can not care for themselves		
Railroad retirement benefits less Medicare payment deductions		

**COMPLETE THIS FORM AND RETURN WITH YOUR APPLICATION AND ALL VERIFICATIONS (PROOFS)**

**I certify that I have reviewed the above sources of income and have truthfully responded.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

**I acknowledge that I have observed proof of Social Security numbers for the applicant and all household members.**

\_\_\_\_\_  
**Agency Case Manager**

\_\_\_\_\_  
**Date**